



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES July 12, 2007

APPROVED
8/09/07

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC (cont.)	PUBLIC (cont.)
Carla Bailey, <i>Co-Chair</i>	James Smith	Phil Curtis	Patricia Woody
Anthony Braswell, <i>Co-Chair</i>	Kathy Watt	Mack Davis	Tim Young
Ruben Acosta/Chris Villa	Fariba Younai	Daniel Deniz	
Al Ballesteros		Thanh Doan	
Diana Baumbauer		Lisa Fisher	OAPP/HIV EPI STAFF
Mario Chavez	MEMBERS ABSENT	Susan Forrest	
Eric Daar		Idabelle Fosse	Chi-Wai Au
Nettie DeAugustine	Carrie Broadus	S. Joanne Granai	Kyle Baker
Whitney Engeran	Alicia Crews-Rhoden	Miki Jackson	Maxine Franklin
Douglas Frye	William Fuentes	Gabriela Leon	Wasolua Nsilu
Jeffrey Goodman/Sharon Chamberlain	David Giugni	Ted Liso	Mary Orticke
Richard Hamilton	Gloria Pérez/Terry Goddard	Walfred Lopez	William Strain
Michael Johnson	Peg Taylor	Richard Mathias	Lanet Williams
Jan King	Gilbert Varela	Victor McKamie	Juhua Wu
Lee Kochems		Tia McKinney	Dave Young
Brad Land		Jorge Montague	
Anna Long	PUBLIC	Manuel Negrete	
Davyd McCoy		Melissa Nuestro	COMMISSION STAFF/CONSULTANTS
Ruel Nollodo	Alicia Avalos	Brenda Padilla	
Quentin O'Brien	Cinderella Barrios-Cernik	Christina Ramos	Virginia Bonila
Everardo Orozco	Anthony Bongiorno	Carol Rodriguez	Miguel Fernandez
Dean Page	Joseph Cadden	Jill Rotenberg	Jane Nachazel
Angélica Palmeros	Teresa Castillo	Natalie Sanchez	Glenda Pinney
Mario Pérez	Alex Chavez	Rick Tontlaay	Doris Reed
Wendy Schwartz	Genevieve Clavreul	Tania Trillo	James Stewart
James Skinner	Camila Crespo	Nick Try	Craig Vincent-Jones

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:05 a.m. Quorum was met.
A. Roll Call (Present): Acosta, Baumbauer, Braswell, Chavez, Daar, DeAugustine, Engeran, Frye, Goodman, Johnson, King, Kochems, Land, Long, Nollodo, O'Brien, Orozco, Page, Palmeros, Schwartz, Smith, Skinner, Watt
- APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the minutes from the June 14, 2007 Commission on HIV meeting (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** Mr. Stewart had no comments.

5. PUBLIC COMMENT, NON-AGENDIZED:

- Dr. Cadden, USC, reported that their ACTE notice of grant award was received June 20th for a 7-year cycle. Patient enrollment began July 1st for the 15 studies. On his behalf, and on that of Dr. Sattler, the Dean and the Provost, he expressed gratitude for the support they had received.
- Tim Young, Deputy Director, Asian-Pacific AIDS Intervention Team (APAIT), said they were pleased to participate in LACHNA, but concerned about the lack of language services. APAIT serves a diverse population representative of Los Angeles County with its many languages and cultures here, even has the second largest Armenian population in the world. Without language services many at high risk cannot lend their voices to the survey. APAIT had raised the issue with those coordinating LACHNA, but also wanted to advise the Commission.
- Representing the PPC, Mr. Young reported New Member Orientation Training would be July 13th, 9:30 to 4:30 at St. Anne's. He invited anyone from the community who wished to attend to call him at 213.553.1894.
- Mr. Lopez said an HIV prevention program, at Clinica Romero for over seven years, was recently closed. Clients continue to come, but there are no resources. The clinic says they are in contract negotiations with OAPP. There are only two part-time counselors who provide rapid testing under another program. Spanish-speaking counselors are needed. Mr. Pérez confirmed that negotiation for C/T and HERR services was ongoing, and it was OAPP's understanding was that services were available. Mr. Vincent-Jones noted both that this was within the PPC purview and that the Commission cannot address specific contracts.

6. COMMISSION COMMENT, NON-AGENDIZED: Mr. Hamilton said a comment he made at the Executive Committee was taken out of context in a later email to the Commission. Mr. Vincent-Jones noted that he had intervened in the discussion because the Brown Act prohibited e-mail discussions of issue among a quorum of members, but was not addressing the content. Mr. Land apologized for accidentally emailing the whole Commission, when he had intended to send a personal email.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There was no follow-up.

8. CO-CHAIRS' REPORT:

A. Year 17 Planning Council Support Budget:

- Mr. Vincent-Jones presented the Year 17 budget in the packet. This is the Commission's operations budget. The Year 16 budget and variance are also provided for comparison. All revenue currently comes from Part A funds, based on the allocation the Commission set last year. While already nearly halfway through the year, it was not possible to complete it before receipt of the formula and supplemental awards.
- The budget was prepared quickly in June and provided to OAPP to meet a HRSA Condition of Award (COA). Mr. Vincent-Jones noted that, because of the quick turn-around required by the COA, there was not time between Commission meetings to accomplish a normal approval process. The Commission could choose to ratify the budget.
- A budgeting process has been developed that moves through the Operations Committee to the Executive Committee and then to the Commission. The full process will be used for Year 18, but the Operations Committee did not have the opportunity to develop this budget this year in accordance to the process envisioned because of circumstances beyond the Commission's control.
- There was a savings last year of \$200,000. There will also probably be some savings this year despite a smaller budget. Part of these savings result from personnel positions that the Commission kept vacant in order to meet its voluntary commitment to reduce its budget. In response to a question, Mr. Vincent-Jones said they were recruiting to fill two of three vacancies. There was no decision on backfilling an upcoming vacancy.
- Mr. Engeran reiterated that the Commission had pledged \$100,000 to support services in Year 16 and, in fact, had saved twice as much. He felt that contribution should be acknowledged.
- Mr. Skinner asked why individual salaries were not listed. Mr. Vincent-Jones said salaries for all County items are public, but most people prefer not to have their personal salaries addressed in a public forum.
- Mr. O'Brien asked why room rental went up. Mr. Vincent-Jones said it was due to projects like Systems Training.

MOTION #2A: (Braswell/Land) Ratify the Year 17 Planning Council Support Budget (*Passed by Consensus*).

9. EXECUTIVE DIRECTOR'S REPORT:

- Mr. Vincent-Jones reported that Mr. Fernandez would be leaving the Commission staff August 2nd to return to school in Georgia. He has been working primarily on LACHNA.
- Mr. Vincent-Jones requested that Commissioners advise staff if they cannot attend Commission or committee meetings—it is needed to ensure quorums.
- He added that, while the Commission usually does not hold an August meeting, it would need to do so this year to complete the allocations in the priority- and allocations-setting process. The Part A Year 18 application needs to be completed in

September and is based on the allocations. He acknowledged that a quorum will be needed in August to approve the allocations.

10. STATE OFFICE OF AIDS REPORT:

A. Appointment of Chief, Office of AIDS:

- Mr. Vincent-Jones noted that Dr. Michelle Roland had been appointed as Chief, Office of AIDS. She is from Northern California.
- Both OAPP and the Commission have sent letters of congratulations and invitation to visit the County. She is trying to schedule a visit(s). The Commission has suggested she attend a Commission meeting to observe the community planning process. It is especially important to host her here since she is not as familiar with Southern California.
- Mr. Braswell asked if a reception and/or other activities were planned. Mr. Vincent-Jones replied there would be coordination with her office to help arrange relevant activities once she determined when she could come.
- Mr. Engeran said a joint letter might have shown greater Los Angeles County unity. Perhaps the Commission and OAPP could host her jointly. Mr. Vincent-Jones said both letters emphasized collaboration.
- Other statewide Public Health appointees, some of whom are familiar with Los Angeles County, were also announced.

B. Budget Process Overview: The report was deferred until Ms Taylor could attend.

C. State Budget: There was no update.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

A. Year 17 Spending Plan:

- Mr. Pérez called attention to a July 5th letter to providers in the packet that advising them of the minimum 75% of funds mandated by HRSA for core medical services and the Commission's allocation adjustments to accommodate it. Providers were alerted that contracts could not be finalized due to the tardiness of funding awards. OAPP has been reviewing all contracts and will finalize changes as soon as possible. This transitional year under the new Ryan White legislation is challenging, Mr. Pérez said. OAPP is working to maintain services by leveraging all available HIV resources. Mr. Pérez said his biggest concern was to advise providers as soon as possible about contract increases or decreases.
- OAPP is encouraging all providers to participate in the Year 18 priority- and allocation-setting process. There is no guarantee that OAPP will be able to preserve any particular services. Mr. Land suggested that Mr. Pérez participate in the upcoming allocations process for Year 18.
- Mr. Johnson said he had sent a letter to OAPP asking when oral health care contracts could be rebid for SPA #8. He thanked Mr. Pérez for the rapid response, and Dr. Michael Green and Maxine Franklin for explaining the process. He understood that a rate study had to be completed and MAI might provide some funds, but was concerned about the increasing number across the EMA who needed services. Mr. Pérez said, based on Part A and B awards, an increase of \$358,000 was needed for Year 17. Multiple adjustment scenarios are being developed. MAI also requires a 20% Oral Health investment. He hoped everything could be approved in a single Board action.
- Mr. Engeran asked how the Commission and OAPP could coordinate so that implementation does not present issues not addressed in priority- and allocation-setting process. Mr. Pérez said that, in an ideal world, the Commission would set priorities. If there were a dramatic shift in services, consistent with standards of care and programmatic areas of interest, OAPP would solicit services, then fund providers based on the new funding level and programmatic priorities.
- Mr. Pérez said he had learned that people often did not appreciate the difficulty of shifting resources from one funding year to another. Once awards are received and priorities and allocations set, OAPP has to negotiate provider contracts, which can take months. To move forward, OAPP crafted a plan based on the assumption that Year 18 funding would resemble Year 17's. OAPP started to prepare Year 18 in March, but the Commission was not finalizing its recommendations until September. Mid-year adjustments to contracts might be necessary if there are large funding changes.
- Mr. Vincent-Jones noted that the priority- and allocation-setting process was an aberration this year because of the delay in the award announcement. The Commission's usual timeline—which it followed the past two years—was to complete the process by March or April so that OAPP could make appropriate changes in a timely fashion. He added that the priority-and allocation-setting process timeline was based on the 11 months that OAPP had said they needed to make necessary changes. He continued that the goal is always to coordinate with OAPP, which is why their participation at meetings like SOC is so important.
- Mr. Engeran said he was concerned about coordinating how the system reacts, like the effect of the client-centered approach of medical outcomes linked to services that may dramatically affect how data is collected and shared.

B. Miscellaneous:

- Mr. Pérez noted they had not yet received their MAI award notification.

- OAPP is one of 26 eligible areas in the country that can apply for a Counseling and Testing RFP designed to enhance diagnoses, especially among African-Americans. The CDC deadline was July 16th.

12. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

13. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. STD Control Social Marketing Campaigns: “I Know” and “Check Yourself”:

- Dr. Montoya, Public Health, STD Programs, Director, Communications and Program Evaluation, discussed two health communication strategies to reach two distinct groups. He thanked Trista Bingham, HIV Epidemiology, for her help. These strategies are part of a comprehensive plan funded by the BOS and Public Health.
- The plan: increased PH investigative staff; increased community-based PCRS; added a behavioral scientist, an anthropologist with experience in social and sexual networks; enhanced screening and treatment in corrections, especially in K-11 and the women’s jail; began wall-to-wall screenings in high schools trying to test everyone at the same time in order to treat patients concurrently to wipe out chlamydia and gonorrhea reservoirs.
- A four-step process used in developing the social marketing campaigns. Step 1, Planning and Strategy Development, began with a situation assessment. There were 5 focus groups totaling 34 MSM, 8 focus groups totaling 51 women of color, and 3 additional informal focus groups, all including two Spanish-speaking groups. Data mining from health investigators’ work on 100 MSM and 50 African-American women and Latina syphilis case investigations was also helpful. There were several community advisory group meetings and several email communications. Input was received on targets, communication objectives, research, strategies, advertising and concepts. A literature search was conducted concerning previous social marketing to the targeted groups.
- The assessment showed that syphilis (41% increase from 2004-2005), chlamydia (3.3% increase from 2004-2005) and gonorrhea (27.3% increase from 2003-2005) were of particular concern, but 88.5% of syphilis cases were among men, especially PWH, and those 25-49, while the latter two are more prevalent among women of color, especially those 16-25.
- Separate communication objectives were developed for different risk communities. Goals for MSM were: test for syphilis every six months or sooner if symptomatic, or every three if HIV+; increase awareness; and increase knowledge. Goals for Women of Color were: test for chlamydia/gonorrhea every 12 months or sooner if symptomatic; increase awareness; and increase knowledge.
- Key information points about the MSM population were: marketing fatigue; PWH/As in care assume syphilis testing is part of routine care; common goals concerned exercise, diet and finances; many were surprised to learn of long-term effects like neurological/vision impairment, that syphilis facilitates HIV transmission, and HIV speeds neurosyphilis.
- Key information points for Women of Color were: the commonality of “friends with benefits”; there was little knowledge about the diseases; they often assumed they were automatically tested for STDs when they had Pap tests; they were impressed by long-term effects, with Latinas particularly concerned about infertility and infant transmission.
- Step 2, Developing and Pre-Testing Concepts, Messages and Materials, was carried out with the creative consultant Frasier Communications. They developed six concepts that were presented to three MSM focus groups and two or three focus groups for Women of Color. The two concepts chosen were “I Know” and “Really Check Yourself”.
- Step 3, Implementing the Program and Tracking, includes media and public relations like billboards, bus shelter ads, sidewalk chalkings, bathroom mirrors and posters, and publications like LA Weekly.
- There are also three MSM outreach workers, as well as partnerships with POWER 106, which will do 60 outreach events for Women of Color, and Magic Mountain, which will offer a two-for-one. Several focus groups commented that the Mobile Testing Unit was dull. It is being revisioned with “Don’t Think – Know” magnetic coverings over the STD Public Health logos. Chlamydia and gonorrhea testing and treatment resources include community partners and Public Health clinics.
- The MSM “Check Yourself” campaign uses an edgy approach to address fatigue with attractive models, bus shelter posters, mirror swipes, and emphasizes that untreated syphilis can cause brain damage and vision loss in less than a year.
- The Women of Color “I Know” campaign uses models who reflect target audience average women. Materials emphasize risks of “friends with benefits”, a common focus group reference, the importance of testing and how to access services. Bus cards and kings receive more views, but are limited in content. Boards, posters and mirror swipes are also used.
- Step 4, Assessing Effectiveness and Making Refinements, will include follow-up in three months to see if, in fact, testing has increased in the targeted populations. Dr. Montoya said they were also asked to assess other campaigns. He noted three campaigns reviewed. The LAGLC “Own it. End it.” campaign was daring and attracted attention, effectively cutting through fatigue, but the backlash reflected alienation from other communities, reducing effectiveness in other groups. One San Francisco syphilis campaign utilized key words “Determination” and “Strength”, but seemed nebulous. Their follow-up campaign used dogs discussing their masters but, while cute, seemed to lack strong testing motivation.

- Mr. McCoy felt the campaigns lacked motivation. He noted that high school health classes do provide STD information. Dr. Montoya said the women's 18-25 year-old focus groups and two high school informal focus groups had heard about STDs, but lacked information about transmission.
- Msrs. Acosta and Ballesteros both expressed appreciation for the campaigns, and felt they were effective.
- Mr. O'Brien also liked the campaigns but, as Director, Health and Mental Health Services, LAGLC, felt the presentation should not address other campaigns as each should be assessed based on its own goals. The "HIV is a gay disease. Own it. End it." was intended to address underlying issues in the gay community – a different goal than these campaigns. Of any comparisons, the more appropriate would be to the syphilis sore campaign that ran even as syphilis was increasing.
- Mr. Braswell asked if agencies could adapt the campaigns to their own populations. Dr. Montoya said Public Health could help agencies with that.
- Mr. Orozco would like to expand radio coverage to Spanish-language stations. Dr. Montoya said they would, but funding is limited. Research shows POWER 106 has the largest draw in target populations. Spanish-speaking populations are being targeted with other approaches. Mr. Orozco said some community voices might volunteer to help.
- Mr. Page suggested asking radio personalities to volunteer. Dr. Montoya said radio personalities generally refer requests to their advertising department, which expect payment. The PowerPoint does not include all the public relations, which includes reaching out to various Spanish-language media including La Opinion and Telemundo.
- Mr. Land asked if the Board and Health Deputies had been apprised of the campaigns. Dr. Montoya said he had personally presented the campaigns to each of the Health Deputies. They all liked it. Mr. Land requested follow-up on data. Dr. Montoya agreed.
- Mr. Skinner asked if there was difficulty in doing high school wall-to-wall testing projects. Dr. Montoya said schools send "opt out" forms and students must assent. One continuation school provided 100 tests, with 10 testing positive for chlamydia and/or gonorrhea. Based on that, two LAUSD Board members support wall-to-wall testing as a pilot.
- Ms. Jackson felt that the campaigns were not punchy enough in lieu of today's general advertising, but appreciated his work under the circumstances and limited funding. She asked why, while testing was emphasized, prevention was not. Dr. Montoya said they would like to include prevention but, given the budget, it was more effective to focus on a simple action of testing rather than the more expansive subject of prevention.
- Ms. Avalos questioned the lack of women's outreach workers. Dr. Montoya said that outreach was through POWER 106 and the Mobile Testing Unit, which was broader, while MSM workers are more targeted. Ms. Avalos noted her work in a middle school and found sexual onset began there. Mr. Braswell noted there were HIPAA guidelines below age 18.
- Dr. King asked if focus groups understood how to "Check Yourself" and that sores only apply to primary syphilis. Dr. Montoya responded that the campaign was designed to raise awareness and testing, not personal examination.
- Mr. Engeran thanked Dr. Montoya for the presentation. He noted that Frasier Communications was on retainer for AIDS Healthcare Foundation where he is Director, Prevention Service. He pointed out that a notable part of funding is one-time from Supervisor Yaroslavsky originally targeted at syphilis. He asked if the 11 health investigators were in the field and could be maintained. He also felt the focus diluted. Dr. Montoya said investigators were in the field. He was asked for and provided a two-year plan with budget and timeline. As with any funding, there was no guarantee beyond the two years.

15. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported their main focus is the next iteration of the Prevention Plan. Their consultant was at the last meeting and provided models for prioritization. Work Groups are every other Monday at OAPP, from 12:00 to 2:30 p.m. The next is July 16th. All were invited.
- The CDC will hold a consultation in August on collaboration and integration for the National Centers for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. This is one of Dr. Fenton's key goals. Ms. Watt will be contacting people to complete answers for questions to be submitted before the meeting. Dr. Frye noted that he would be in attendance.

15. TASK FORCE REPORTS:

- A. Commission Task Forces:** Ms. Barrios-Cernik invited Commissioners to the HIV Drug and Alcohol Task Force advocacy meeting, August 1st, at Precious Blood Catholic Church. She added that HIVDATF would be sponsoring Recovery Month with a free comedy night, "One Gay at a Time", September 14th, at the Village. HIVDATF will also be sponsoring a training on youth issues, "Back to School", September 5th, in Gardena. She reminded everyone that Ferd Eggan's memorial service would be at the Village, July 29th, 3:00 p.m.

- B. Community Task Forces:** There were no reports.

16. SPA/DISTRICT REPORTS:

- **SPA #1:** Ms. Granai said the Commission would present the Care Coordination Framework on July 25th. They collaborated with Tarzana Treatment Center for Counseling and Testing Week to focus on youth. SPA #1 works with the Parole Department and presents at their orientation on services held every three weeks. Meetings are the second Wednesday of the month. Mr. Smith is their CAB Coordinator. The CAB is developing a comprehensive handbook that will include goals, recruitment procedures and bylaws. They would share it when completed.
- **SPA #2:** Ms. Sanchez reported that meetings had been rescheduled for the first Friday of the month, from 2:00 to 4:00 p.m., at El Proyecto del Barrio. The Commission will present the Care Coordination Framework on August 3rd. The next CAB meeting, July 25th, will be in Spanish. There would also be a USCA volunteer meeting on July 18th at APLA.
- **SPA #3:** Mr. Chavez reported that providers raised a concern at the last meeting about sites chosen for LACHNA. He will follow up to inform them of additional sites chosen since. Mr. Vincent-Jones noted he was not sure of the prevention/care mix of the new sites. The Commission will present the Care Coordination Framework on July 19th, from 9:30 to 12:30.
- **SPA #4:** Ms. Rotenberg reported two June presentations, including one by PALS on the historical perspective and cultural issues of women and HIV. The Commission would present the Care Coordination Framework July 19th at 5P21. Most SPN coordinators met with PPC Co-Chairs after Tuesday's meeting to discuss their roles, including SPN reports to the PPC and subcommittee participation, and PPC visits to SPNs.
- **SPA #5:** Ms. Fisher said there was no July meeting due to the holiday. Part 2 of the housing training, begun in June, will be August 7th in addition to Commission presentation on the Care Coordination Framework. Provider tours/open houses to enhance networking are kicking off with the first in July. CAB attendance is up, with good discussion on services. Providers are being invited to receive direct feedback. CAB members are also interested in linking with CABs from other SPAs.
- **SPA #6:** There was no report.
- **SPA #7:** Ms. Leon reported a TB Control Program presentation at the last SPN meeting. The Program has agreed to biannual follow-ups to address the SPN's concern for the SPA's large Latino and Chinese populations that have a high TB prevalence. The Commission's Care Coordination Framework presentation would be July 27th. She noted the LA Probation Department is a SPN member and their representative is eager to learn about referral services. The first CAB meetings were June 2nd and 17th. There had been problems with recruitment, but the new group is enthusiastic and interested in client advocacy training.
- **SPA #8:** Ms. Ayala-Castillo noted she had been on maternity leave for five months so had not been at the last meeting, but minutes were in the packet. The Commission's Care Coordination Framework presentation would be July 18th.

17. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee:

1. Medical Care Coordination Framework:

- Dr. Younai presented the proposed care coordination framework, which is being opened for 90 days public comment. The framework would governs the provision of HIV case management services, integrating them with medical services to better coordinate care, to incorporate best practices from disease management and chronic care, and to comply with the Ryan White movement towards a more medical model.
- Development of the Framework responds to changes in the epidemic over time from a fast-moving terminal disease requiring substantial psychosocial support to a more chronic disease requiring substantial medical support. In addition, an aging, longer-lived population raises co-morbidity and medication side-effect issues.
- The Care Coordination patient-centered approach seeks to ensure medical care while meeting all psychosocial needs in a more efficient, less burdensome manner for patients. Better coordination both assists patients to obtain needed services and meets the funding emphasis on medical care.
- Discussions on the new Framework began in October 2006. There have also been multiple ongoing discussions at various meetings and venues since then. Public Comment will stay open until October 11, 2007. Presentations will be held at all SPN meetings and relative task forces, caucuses and other venues.
- Development of the new standards will begin after the public comment period, with expert panels scheduled for December 4th. Completion is anticipated in February 2008 in order to present the material to OAPP in time so that services can be solicited in Year 18, with implementation of new services in Year 19.
- Key aspects of the model are: integrated services and system design; interdisciplinary, team-oriented service delivery; medical and primary health care accountability for patient health; and a patient-centered focus.
- Patients and their physicians are at the core of services, beginning with a triage to assess needs. Key components is a comprehensive treatment plan and case conferencing to integrate services. While care might be provided by one provider, when multiple providers are involved they must collaborate.
- There are two arms of treatment that the design sees as co-managed care: the medical care arm overseen by a Medical Care Coordinator and Patient Care Coordinator. Agencies may vary in development of the system. Smaller agencies, for example, may utilize Medical Care Coordinators and Patient Care Coordinators as primary patient

contacts, while larger agencies may employ Case Workers as primary patient contacts who collaborate with the coordinators.

- Medical Care Coordinators would be at the level of a RN or higher to coordinate assessments, oversee treatment plans and supervise medical staff. Medical Case Workers would be at the level of a LVN or specialized medical personnel acting as primary patient contacts and making follow-up arrangements.
 - Patient Care Coordinators would be at a Master's level in social work to do triage/assessment, assign and supervise Case Workers, and provide patient management in small programs. Case Workers would act as case managers and, depending on program size, might be generalists, specialists or the primary patient contact.
 - It is understood that care coordination will be complex, particularly when non-Ryan White services are part of the plan, and reimbursement will need to reflect the care coordination costs.
 - Standardized tools and measurements would be necessary to effectively coordinate services. That, in turn, would require the data management system to be upgraded to accommodate standardized record keeping.
 - Comprehensive Treatment Plans (CTPs) are intended to reduce multiple service plans for patients which can be overwhelming. New patients would receive a CTP while existing patients would be transitioned to them over time. In order to maintain confidentiality, some components of the treatment plan, like mental health services, could be referenced rather than detailed. CTPs for high acuity patients may take several sessions to develop.
 - Case conferencing must be multi-disciplinary, including the patient's physician. It is recommended annually or biannually and ideally should include the patient. Increased reimbursement may encourage full case conferencing, especially for patients receiving medical care outside of the Ryan White system.
 - The acuity level may vary from high to low and, consequently, the case range varies from 30 to 175 to accommodate the different acuity levels served by various agencies.
 - "Non-active" clients are those who, either at entry or as a result of improvement over the course of care, do not need or want coordination services. Those clients would transition to Client Line in order to ensure their continued link to services and quick response if the need for more coordinated services develops.
 - The Client Line would provide an annual or biannual "check-in" to ensure continued patient care, as well as a resource for simple information requests and simple "sign-offs" for other services. There would be a single line for Los Angeles County staffed by Case Worker level employees.
 - HRSA defines Unmet Need as those aware they are HIV+, but who are not in medical care. HRSA mandates effort to draw these individuals into care. Allocating funds specifically to Unmet Need is recommended for that goal.
 - The presentation includes 12 recommendations to ensure that new care coordination services are implemented according to plan:
 - Mr. Engeran said this would require both thinking and implementation. He asked about collaboration with OAPP. Dr. Younai noted OAPP participated in SOC. Dialogue on implementation would continue. Dr. King said OAPP fully supports the process. Details on how to implement the vision need to be developed. Mr. Vincent-Jones added that the Commission had met with OAPP prior to starting the process, and they had agreed on the basic timeline. He acknowledged that dialogue would be needed on a number of the details of implementation and to determine responsibility where unclear
 - Ms. DeAugustine added that those providing Outpatient Medical Services would also need help coordinating interfaces with the new system. Dr. King said that would be a high priority for OAPP.
 - Ms. Watt suggested first evaluating what people already have and want before expending funds developing new data. Dr. King said that, while everyone needs to be aware, the time involved in developing any system would require movement in order to address the challenges.
 - Mr. Land said, as a consumer, he felt the triage and ability to access non-Ryan White services should better support care. Dr. Younai added that patient education and empowerment was a core principle of this system.
 - Mr. Vincent-Jones pointed out the SPN presentation schedule in the packet, noting the SPA #8 date should be July 18th. The Commission would also present at community forums like the Medical Outpatient Caucus yesterday and the Case Management Task Force the following week. The schedule would be updated regularly on the website.
2. **Special Population Guidelines: Introduced:** Mr. Vincent-Jones noted that these were guidelines, not standards. **MOTION #3:** Approve the Special Populations Guidelines for women and transgenders, as presented (*Passed by consensus*).
3. **Special Population Guidelines: New:**
- Ms. Palmeros introduced new guidelines for youth that were being opened for public comment.
 - Mr. Land suggested that it would be helpful to ensure that providers serving large numbers of youth were specifically notified about these guidelines, especially since there was no youth representative on the Commission.
 - Mr. Vincent-Jones said guideline development was like that for standards, including expert review panels. All known providers that specialize in serving youth were invited to participate in the panels, and would have a chance

to comment on them. Mr. Braswell encouraged Commissioners to advise anyone they knew with youth groups to review the guidelines.

4. **Systems Thinking:** There was no report.

B. Priorities & Planning (P&P) Committee:

1. **Year 18 Service Priority-Setting:**

- Mr. Goodman said provider and consumer input was actively sought throughout the process. Last year's H-CAP needs assessment and the OAPP-compiled HIV Services Summary for Years 14, 15 and 16 were augmented by 98 participants from provider forums conducted in each SPA and 17 provider assessment surveys returned (of 66 distributed to Ryan White Part A and B funded service providers). LACHNA this year would supply data for subsequent years' processes.
- Service categories were ranked according to need by the consumer population and role in the Continuum of Care. All ranked categories confirm the service need regardless of funding since the need for the service does not change even if funds are available.
- Each category was ranked separately, rather than combining some as had been done in previous years. Several new categories were ranked this year, even though some may not be allocated funds, may lack standards, and/or may not be eligible for Ryan White funding. Thirty-six (36) service categories were ranked for Year 18; twenty-one services were ranked in Year 17. Medical care and drug reimbursement are ranked first.
- Ms. Watt thanked everyone who participated. Attendance overall increased by 300% from last year. The Committee's next meeting will address additional service data, cost and funding stream data to inform allocations for Ryan White funds.
- Mr. Skinner asked why rankings were presented for approval if they could not be funded. Mr. Goodman responded that the purpose of rankings was to assess the need for services; allocations would follow from those rankings—nothing should be assumed in advance until everything is ranked and then allocated.

MOTION #4: Approve the Year 18 service category priority rankings, as presented (*Passed by consensus*).

2. **Unmet Need Plan:** No report.

C. Public Policy Committee:

1. **Joint Public Policy (JPP) Committee Proposal:** Mr. Engeran noted that the Joint Public Policy Committee failed in the past because the PPC members of the Committee did not have voting privileges. While consensus was used when possible, it left no equitable manner to address issues lacking consensus. That impediment has been removed. Ms. Watt indicated that the PPC had already voted to approve the merger. The proposal would be voted on in August to coincide with the Bylaw revisions.
2. **JPP: Proposed Bylaw Revisions:** Technical changes were being presented to address the new structure. Mr. Vincent-Jones added that he had also taken the opportunity to update language in the Bylaws in accordance with the reauthorized Ryan White language. The revisions were being opened for public comment, and would be presented for a vote in August.
3. **AB 66: Inmate HIV Testing (Dymally):**
 - Ms. Schwartz highlighted aspects of the bill, noting that the bill in the packet is the version amended Jul 2nd, and that there had been amendments—for which the new language was not yet ready—earlier that week. The bill passed out of the Public Safety Committee with the amendments noted in the memorandum on July 10th. There were two typos in the accompanying memorandum. In the first line, the memorandum refers to the bill as amended on July 20th, not July 10th. Under Point 7, the Penal Code number should read 7521, not 7251.
 - ⇒ State prisons and hospitals would test all inmates within 60 days of entry and at least 60 days prior to exit.
 - ⇒ Inmates may refuse testing without prejudice and shall not be denied access to programs due to HIV+ status.
 - ⇒ Care and treatment plans must be developed for all who are or test HIV+ on entry.
 - ⇒ Current law requires notification of a released inmate's parole or probation officer if the inmate is HIV+ or has hepatitis B or C. In addition, the officer can ensure a spouse is properly notified by the Medical Officer of the institution or the treating physician if the spouse has not already been notified. The new law expands notification to domestic partners, requires the Medical Officer to advise the parolee/probationer of intent to notify and counseling to assist the person in notification, and provides referral to care and treatment services in the County to which an inmate is being released in coordination with public health and the parole or probation officer.
 - The motion includes "with reservations" based on concern that the care and treatment reference would create an unfunded mandate. That concern has since been assuaged and the Co-Chairs therefore recommend striking "with reservations". Dr. Fielding also confirmed per his letter in the packet that Public Health found it fiscally sound. The Committee felt this bill was important due to the impact on this population.

MOTION #4A: (Johnson/Land) Remove “with reservations” from Motion #5 (**Passed: 24 Ayes; 0 Opposed; 0 Abstentions**).

- Mr. Braswell noted the bill had been amended recently and wondered what the process would be if it were further amended. Mr. Vincent-Jones replied the Committee continues to track items and would bring any concerns back.
- The Committee agreed to Mr. Goodman’s request to do a minority report because he did not feel he could adequately express his reservations in the usual two minutes. Mr. Engeran complimented this process, which helps bring full discussion to the Commission when a subject sparks notable debate.
 - ⇒ Mr. Goodman, previously incarcerated, felt those incarcerated would be at great risk from universal testing while the community at large would see only marginal protection.
 - ⇒ He felt the opt-out right was not viable without written informed consent. Prison health care is of such poor quality that the system remains in federal receivership after several years. The system is so antiquated that it still lists four “races”: Black, White, Other and Mexican. Neither confidentiality nor care can be assumed and, in any case, California cannot authorize new regulations without federal approval while the system is in receivership.
 - ⇒ While there is currently mandatory testing should there be an exchange of bodily fluids between a corrections officer and prisoner, State law requires the prisoner to receive notification of his/her right to pre- and post-test HIV counseling by a certified HIV counselor. No such protection is included in AB 66 for voluntary testing.
 - ⇒ AB 66 partner notification is assigned to the Medical Officer “or designee”, which is not defined, or parole officers, who may be trained or not. It mandates an “attempt” to obtain the inmate’s consent to notify a spouse or domestic partner, but includes nothing to safeguard inmates who may be at risk for domestic violence.
 - ⇒ HIV+ inmates are not now eligible for release to halfway houses or similar programs like the restitution center. Those who test HIV+ and need medication while in a halfway house are returned to prison for medical supervision.
 - ⇒ In an attempt to address quality of life and discrimination issues, AB 66 includes work time credits to reduce sentences. But work time credits are already provided, with or without work, to relieve overcrowding.
 - ⇒ The system currently segregates HIV+ inmates in cellblocks with little or no meaningful employment. Generally only menial, unpaid work is available. HIV-, low security risk inmates are eligible for more dorm-style facilities.
 - ⇒ AB 66, Mr. Goodman asserted, would push HIV further underground in prison.
 - ⇒ Confidentiality is further threatened by the parole system. A prisoner’s file is a large paper file transported with many others to the local parole office. The prisoner will check into the parole office within 72 hours of release to sign a form and provide contact information, but will not meet with the parole officer for 30-45 days. It is unlikely the parolee will wait that long to engage in sexual activity. AB 66 does not provide the education and counseling prior to release that might defer or moderate risk behavior on release.
 - ⇒ Mr. Goodman said, instead of AB 66, the issues that should be addressed are needle sharing and unprotected sex, both consensual and forced, in prisons. These concerns, he suggested, are the real HIV prison risks.
 - ⇒ HIV prevention needs to be expanded in prison, including: distribution of condoms; inmate education on the benefits of knowing one’s status; voluntary testing with written, informed consent; and protection against sexual assault.
- Mr. Johnson finds it telling that civil rights organizations are against AB 66. As an attorney, he was concerned about removing rights from a group acknowledged to be at higher risk while providing little identifiable benefit to another group.
- Mr. Page said he was incarcerated 25 years ago in the Michigan penal system. He believed that the system had automatic mandatory testing on entry. Prisoners lose their rights in incarceration settings. Confidentiality was good in Michigan. He supported testing both to protect the general population and the health of HIV+ prisoners who were at risk unless they received treatment.
- Mr. Villa supported Mr. Goodman’s view. Parole and probation officers are overwhelmed with caseloads over 150 when they should have only 50 or 60. They lack time to get people into support programs for issues like substance abuse and domestic violence. He felt they could not address a subject in which they were not trained. At best, he predicted, in a year there would be an increase in those who have tested HIV+ but were not in care.
- Mr. Nollado said he was originally against AB 66. He and other advocates worked to achieve opt-out testing. He felt it was the best HIV testing bill that was possible at this time and should be supported.
- Mr. Land said he did not see mandatory HIPAA certification for parole officers. Ms. Schwartz replied that it was a crime in California for a parole officer or any peace officer to willfully or negligently disclose HIV status. She noted that notification of the parole officer is already in State law. AB 66 changes neither of those things.

- Mr. Smith said parole officers could be unfeeling and vindictive. While he supported testing, he said parole officers could not be trusted to maintain confidentiality or ensure proper care. Another means should be determined.
- Dr. Frye felt the original bill's intent was to protect the community with little concern for prisoners. He had found it divisive, but amendments had improved it. Testing at prison entry allows time for harm reduction education that could help domestic partners later. On the other hand, there was some inherent coercion to opt out testing in prison. From a public health standpoint, it would help improve knowledge of the epidemic. He expressed ambivalence.
- Ms. DeAugustine complimented the level of the discussion. As a woman, she felt it was important to protect women and children at risk. The bill has been improved and incorporates many things the Commission had requested.
- Ms. Watt agreed on the need to protect women. While released prisoners are directed to go straight to treatment, they routinely get high and have sex first. Of her agency's most recent 22 HIV+ patients referred from prison, none had medications. Parole officers vary. Several came last month with 24 police officers and ransacked the Van Ness Recovery House for sober living and 12 units looking for parolees who had lived there over two years ago, but last week a good parole officer came to learn about transgenders. She supported the bill, but said work was needed beyond it in prevention education for women and transgenders, along with improved medical care in prisons.
- Mr. Kochems thanked everyone for the openness of the process. He said the question was whether, though perhaps the best available, this bill was better than none. Either way, there should be continued work on the issues raised.
- Mr. Hamilton noted in a perfect world there could be a perfect bill. Instead, the question was whether to try and change the system first or to attempt to save lives now working with this bill. He said it was a hard decision.
- Ms. Granai said she had both been in prison and used to predominantly date men who had been in prison. She said most women know what happens in prison but need risk education. She emphasized the need for full informed consent before testing and to ensure prisoners retain the right to partner notification. She said parole officers were unqualified for the role given them in AB 66. She felt the bill constituted cruel and unusual punishment.
- Ms. Schwartz agreed the prison medical system was poor, but hoped it would improve under receivership. She asked if it was still not better for inmates, a known high risk population, to know their status and get treatment sooner.
- She addressed issues raised:
 - Discharge testing was to occur at least 60 days prior to release and results made available to the Medical Officer within 14 days so inmates would know their status prior to release.
 - ⇒ The bill merely retains current notification and role of parole officers, and spousal notification.
 - ⇒ The bill adds domestic partners, requires inmates be notified in advance, and provides inmate counseling and the opportunity to do the notification.
 - ⇒ Post-test counseling "as appropriate to the risk history" is required.
 - ⇒ The person must be advised, "in a language understood by the inmate or patient", that s/he is about to be tested for HIV, that s/he has the right to decline, and asked whether s/he agrees to the test.
 - ⇒ The Medical Officer must note information receipt.
 - ⇒ The bill prohibits HIV status from being used to limit eligibility for any program to which the person would otherwise be eligible.

MOTION #5: Support AB 66 (Inmate HIV Testing, Dymally) ~~with reservations~~ (**Passed: 19 Ayes; 5 Opposed; 0 Abstentions**).

D. Operations Committee:

1. **Member Nominations:** Ms. DeAugustine presented two new and four renewal membership nominations. Mr. Bongiorno and Ms. Sanchez, the two new nominees, introduced themselves.

MOTION #6: Forward the nominations of the following candidates for Board appointment to the following seats:

- Anthony Bongiorno for the SPA #5 unaffiliated consumer seat,
- Everardo Orozco for the SPA #2 unaffiliated consumer seat,
- Angélica Palmeros for the City of Pasadena representative seat,
- Natalie Sanchez for the SPA #2 provider representative seat,
- James Skinner for the SPA #3 unaffiliated consumer seat, and
- Jocelyn Woodard for the SPA #5 unaffiliated consumer seat

(**Passed by consensus**).

2. **Member Duty Statements: Introduced:** Ms. DeAugustine presented for approval the Part B Representative Member Duty Statement formerly called Part II. No comments were received during the month-long public comment.

MOTION #7: Approve the duty statement for the Part B Representative seat, as presented (**Passed by consensus**).

3. **Member Duty Statements: New:** Ms. DeAugustine introduced the Prevention Planning Committee (PPC) Representative Duty Statement, available in the packet, for a one-month public comment period.

4. **Membership Recruitment:** Recruitment was ongoing. Ms. DeAugustine reported that the Operations Committee had formed a small task force and was working to develop guidelines to help CABs enhance consumer participation.

18. COMMISSION COMMENT:

- Mr. Orozco supported more Spanish-language counseling.
- Mr. Engeran reported that AIDS Healthcare Foundation (AHF) protested at CBS/Fox for their failure to run a Trojan condom advertising campaign called “Involve”. There could be additional protests, particularly at Fox, which released a statement that condom advertising should address health-related concerns rather than prevention and pregnancy. He will provide updates.
- He also reported that AB 682 had passed out of the Health Committee and approval appears likely. The bill would remove the requirement for written informed consent in medical settings. AHF had sponsored the bill.

19. ANNOUNCEMENTS:

- Mr. Acosta invited all to the Positive Images/Being Alive community forum at the Auditorium, West Hollywood, July 24th, 6:30 p.m. for dinner, 7:30 p.m. for “Talking Tough”, a talk show on “Sisters of Perpetual Indulgence” and “Adam Faust”.
- Ms. Schwartz reminded everyone that the Public Policy Committee meeting time had been moved to from 1:00 to 2:30 p.m. The Ryan White Subcommittee would follow from 2:30 to 4:30 p.m. As usual, the meeting would be July 18th.
- Mr. Nollado reported that AB 1334, which would allow nonprofit agencies to provide condoms in State prisons, would be heard in Senate committee July 16th. He encouraged letters of support to the Senate Health Committee chair.
- Mr. Page reminded all of a free USCA registered day for one day volunteered. The July 18th meeting at APLA offered lunch at 10:30 a.m. with the meeting from 11:30 a.m. to 1:30 p.m. Contact Joseph LeHigh at 310.892.6953 to RSVP for lunch.
- Mr. Braswell reminded all of the August meeting’s importance. Commissioners should advise staff if they could not attend.

20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:30 p.m. in memory of Ferd Eggan.

- Ms. Schwartz reported that Mr. Eggan had passed away on July 7th. She honored his memory on behalf of the City.
- Ms. Watt said she had known Mr. Eggan well. He spearheaded many efforts: needle exchange, safe house, and the initial crystal meth study by Kathy Riebach. His emotional investment sparked action in others, as too few are able to do today.
- Ms. Nachazel said that Mr. Eggan, then Executive Director of Being Alive, was one of those special people who was truly and gently supportive in helping her learn.
- Mr. Land said that Mr. Eggan challenged people to be present, even when it was uncomfortable. He thought about and loved people living with HIV, all people. Not restricting himself to one issue, he stood for human rights.

- A. **Roll Call (Present):** Acosta, Bailey, Ballesteros, Baumbauer, Braswell, Chavez, DeAugustine, Engeran, Frye, Goodman, Hamilton, Johnson, Kochems, Land, McCoy, Nollado, O’Brien, Orozco, Page, Palmeros, Mario Pérez, Schwartz, Skinner, Smith, Watt

Commission on HIV Meeting Minutes

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the June 14, 2007 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2A: (<i>Braswell/Land</i>) Ratify the Year 17 Planning Council Support Budget.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Special Populations Guidelines for women and transgenders, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Approve the Year 18 service category priority rankings, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4A: (<i>Johnson/Land</i>) Remove “with reservations” from Motion #5.	<i>Ayes:</i> Acosta, Bailey, Ballesteros, Baumbauer, Braswell, Chavez, Daar, DeAugustine, Engeran, Goodman, Hamilton, Johnson, King, Kochems, Land, McCoy, Nollado, O’Brien, Orozco, Page, Palmeros, Schwartz, Skinner, Smith <i>Opposed:</i> None. <i>Abstentions:</i> None.	MOTION PASSED Ayes: 24 Opposed: 0 Abstentions: 0
MOTION #5: Support AB 66 (Inmate HIV Testing, Dymally) with reservations.	<i>Ayes:</i> Acosta, Bailey, Ballesteros, Baumbauer, Braswell, Chavez, DeAugustine, Engeran, Hamilton, King, Land, McCoy, Nollado, Orozco, Page, Palmeros, Schwartz, Skinner, Smith <i>Opposed:</i> Daar, Goodman, Johnson, Kochems, O’Brien <i>Abstentions:</i> None.	MOTION PASSED Ayes: 19 Opposed: 5 Abstentions: 0
MOTION #6: Forward the nominations of the following candidates for Board appointment to the following seats: <ul style="list-style-type: none"> ▪ Anthony Bongiorno for the SPA #5 unaffiliated consumer seat, ▪ Everardo Orozco for the SPA #2 unaffiliated consumer seat, ▪ Angélica Palmeros for the City of Pasadena representative seat, ▪ Natalie Sanchez for the SPA #2 provider representative seat, ▪ James Skinner for the SPA #3 unaffiliated consumer seat, and ▪ Jocelyn Woodard for the SPA #5 unaffiliated consumer seat <i>(Passed by consensus).</i>	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7: Approve the duty statement for the Part B Representative seat, as presented.	<i>Passed by Consensus</i>	MOTION PASSED